


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90004 048 ***150.00

DOCUMENT #F89619
 1. Entity Name
ROBERTS & SONS PLUMBING, INC.



Principal Place of Business 2246 SE 11 ST. POMPANO BCH., FL 33062	Mailing Address 2246 SE 11 ST. POMPANO BCH., FL 33062
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DO NOT WRITE IN THIS SPACE



09032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2213017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DOUGLAS A
 2246 SE 11 STREET
 POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ROBERTS, DOUGLAS A 2246 SE 11 ST. POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, LINDA ANN 2246 SE 11 ST POMPANO BCH., FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas Roberts* Date: 9/3/07 Daytime Phone #: 954 741-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR